University at Albany School of Public Health Center for Public Health Preparedness

Grand Rounds Series

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Evaluations

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Thank you!

Center for Public Health Preparedness

For more information please contact us at 518-486-7921 or email:

cphp@uamail.albany.edu or visit our web-site:

www.ualbanycphp.org

Bioterrorism Preparedness / Response and COOP / COG Planning for Diverse Public Health Communities April 7, 2005

Ivan C.A. Walks, M.D.

Ivan Walks and Associates, LLC

"Invest in Health: Improve the Quality of Life"

COOP / COG: Functions and Issues

- Mitigation
- Preparedness
- Response
- Recovery
- Succession versus Delegation
- Fire at the Fire Station

Evolution of a Bioterrorism Event

- Event / Outbreak identification (biosurveillance)
- Containment (Isolation / quarantine)
- Public Education / Engagement
- Intervention / Treatment response (vaccine, meds)

Evolution of a Bioterrorism Event

(Con't)

- Resource and information management
- Recovery/Restoration of basic services
 Effective management of all of the
 above requires secure and effective
 communication, collaboration and
 decision-making, enhanced by geo spatial, situational awareness

Diverse Environment Challenges / Opportunities

- Effective Planning and Preparing
- History, Literacy, Credibility
- Government and other "Officials"
- Agencies and Partners
- Media
- Work / Home
- Resources and Accountability
- Leadership

Relevant Diverse "Public(s)"

- Culturally, Ethnically and Linguistically Diverse
- Physically and Psychologically Diverse
- Physiologically Diverse (ethnopsychopharmacology)
- Financially, Socially and Historically Diverse
- Literacy / Health Literacy

"The Public" - MIPS Medically Idiopathic Physical Symptoms

- Hx of conventional terror attacks (Israeli Ministry of Health 2002) Psych vs Physical response as high as 10:1
- Some non-conventional terror scenarios project mass psychogenic or sociogenic illness consistent with a contagious epidemic (Bartholomew 2002)

MIPS and the Terrorism Response

- Bioterrorism 1900 2001 (Regis 2001)
- 66% Hoax, 21% Failed, 13% Materialized
- 24% in USA with <10 deaths
- \$Billions in response
- Little focused on depression and anxiety
- Emergency decontamination equipment and negative pressure isolation rooms focus vs. mental health infrastructure

Proactive COOP / COG Planning with "First Responders" and <u>Others</u>

- Coordination between NGO's and Local, State, Regional & Federal agencies and the Business Community
- Inclusive/Creative Crisis Planning prior to and during an event
- Building New Partnerships and Clarifying Roles
- Flexible Implementation

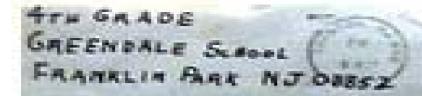
Proactive <u>Mitigation</u> Policy: The DC Public Health Upgrade

- September 2001 memo to regional healthcare providers moving from "diagnosis" reporting to "symptom" reporting
- Time = Lives
- Incident Command Structure Public Confidence and the "Health Chief"

Hallmark Psychosocial Events







SENATOR DASCHLE

509 HART SENATE OFFICE

BUILDING
WASHINGTON D.C. 205344

BORES 0-14100





TOM BROKAW NBC TV 30 ROCKEFELLER PLAZA NEW YORK MY 10112

44 - Sept.

8

Proactive <u>Preparedness</u> Policy: Information Dissemination

Information sharing with the public

The public needs accurate and timely information they can trust

A core repository is needed for the most up-to-date information

A unified message throughout the region Must have everyone on the same page Avoid unnecessary confusion and fear

Proactive <u>Preparedness</u> Policy: Accountability Focused Management

- Housing, feeding and safety of responders
- Dual use incident management tools
- Cost accounting, planning, training, logistics, resource inventory management and tracking, and cost recovery preparedness via "Scenarios Training"
- Secure Information and Knowledge Management

Flexible Response Management

- Information Management/Restrictions
- Access to site/crime scene
- Debris becomes evidence
- Scope of event less clear
- Intelligence Sharing

Flexible Response Management (con't)

- Control of health/safety of scene/investigation
 - Ensuring Decon (even if it slows investigation)
 - Length of stay in affected areas
 - Identifying what is known vs. not known
- Chain of Command
 - Who is in charge?

The Anthrax Attack: Capitol Hill

- Good Information Good Clinical Outcomes
- DC DOH called in the CDC Not part of DC jurisdiction but it was part of the DC plan
- CDC notified DC directly and set up their command center at DC DOH
- DC DOH Federal Requests
 - NPS Advance Team
 - Public Health Corps Activation
 - Federal Liaison

Challenges

- Regional Command and Control
- Local Security Clearances
- Real-time Access to Clinical Updates
- Centralized Epi-Surveillance Unit
- Private Partners
- Public Anxiety vs. Public Confidence

The Anthrax Attack: Brentwood

- Bad Information 2 dead
- Discrimination? (Race / Class)
- Public Confidence Issues
- Protection Medication and Vaccine

Challenges

- Multi-agency communication and collaboration
- Resource and information management
- Communications and information security
- Status reporting of healthcare facilities
- Public information dissemination
- Visual tools for situational awareness

Inter-Jurisdictional Recovery:

Multi-system, Multi-level

- Diverse stakeholders
- Research epidemiology and interventions
- Service / Treatment Resources
- Data: Gathering and Dissemination
- "Cultural Quality" Based Assessment <u>measure</u> - value, efficiency,
- Can't go home again

World Trade Center Terrorist Attack: Air Quality Concerns - Then and Now





Non-Terrorist Incidents

- Health Disparities, West Nile Virus, Hurricane Ivan, Poverty, Winter, Traffic
- 2003 Unattended Mercury spill high school and homes evacuated
- 2004 Lead in drinking water supply
- What were/are the communicationtechnical-political challenges?
- Lessons learned?

The Diversity Opportunity

 Work with community empowerment programs, organizations, and individual leaders, especially in communities where there are large immigrant populations to research effective urban and diverse community communications factors.

The Diversity Opportunity

 Develop and evaluate urban and diverse community crisis communications strategies, and pilot them in cooperation with agencies and experts in the fields of medicine, epidemiology, legal and criminal justice, behavioral and social science, and public health.

The Diversity Opportunity

- Develop shareable implementation templates to help optimize urban and diverse community response planning.
- Develop, deliver, and maintain a training curriculum for criminal justice, fire & emergency medical professionals and public health officials.

Conclusions

- The threats of terrorism and other crises are real and we must be prepared to meet them while maintaining core processes
- Using powerful "daily use" collaboration tools we can
 - Leverage resources across agencies and jurisdictions
 - Maximize ability to prepare for and respond to incidents

Conclusions

- Comprehensive Geo-referencing is critical to a coordinated response – "a picture is worth a thousand lives"
- Homeland Security requires people management
 - Medical, legal, political, psychological and cultural

Call In

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Take Home Lessons

- "Fail to Plan, Plan to Fail"
- Relationships Matter
- Cross-Jurisdiction, Multi-agency Coordination
- Informed, Caring, Careful and Redundant Leadership

Take Home Lessons

- Real-time Reports
- Tell the Public the Truth & in Plain Talk - (Cultural Competence)
- When Things Speed Up, Slow Down

Contact Information

www.ivanwalks.com

202-463-0510

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